**COMMUNITY CONTRIBUTION TAX CREDIT PROGRAM**

**TAX CREDIT APPLICATION TRANSMITTAL FORM**

**Please use this form when submitting tax credit applications.**

|  |  |
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| **SPONSOR NAME:** |  |
| **CONTACT PERSON:** |  |
| **PHONE:** |  |
| **E-MAIL:** |  |

**Please provide the following information:**

* **the type of project: Homeownership/Housing for Persons with Special Needs or All Other Projects;**
* **the total number of applications submitted; and**
* **the total amount of tax credits requesting, not donations.**

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|  | **HOMEOWNERSHIP OPPORTUNITIES** **FOR LOW-INCOME HOUSEHOLDS** |
|  | **HOUSING FOR PERSONS WITH SPECIAL NEEDS** |

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| --- | --- |
| **Number of Applications:** |  |
| **TOTAL AMOUNT OF TAX CREDITS:** | **$** |

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|  | **ALL OTHER TYPES OF PROJECTS** |

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| --- | --- |
| **Number of Applications:** |  |
| **TOTAL AMOUNT OF TAX CREDITS:** | **$** |